STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Mississippi

LIENS AND ADJUSTMENTS OR RECOVERIES

1. The State Division of Medicaid uses the following process for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home:

   Mississippi does not have a lien law; therefore a determination of when an individual can reasonably be expected to be discharged is not applicable to this state.

2. The following criteria are used for establishing that a permanently institutionalized individual's son or daughter provided care as specified under regulations at 42 CFR §433.36(f):

   The statement of primary care giver, collateral contacts, and/or documentation of recipient's medical history may be used to establish that a specified person rendered care enabling the recipient to stay at home rather than in an institution.

3. The State Division of Medicaid defines the terms below as follows:

   - estate - any real or personal property owned by the individual in its entirety or by shared ownership.
   - individual's home - the recipient's residence prior to institutionalization in which he has an ownership interest.
   - equity interest in the home - the money value of property or of an interest in that property in excess of any claims or liens against it.
   - residing in the home for at least one or two years on a continuous basis - having possessions in that home, receiving mail at that address, sharing or paying all of the expenses, having no extended periods of absence, having no other place of residence.
   - lawfully residing - being able to use dwelling as principal place of residence.

4. The State Division of Medicaid defines undue hardship as follows:

   a. the property is the sole income-producing asset of the survivors and such income is limited;

   b. an adult relative who is a recognized heir has lived in the home of the decedent, depended upon that home for his principal place of residence for at least one (1) year prior to the recipient entering the nursing facility, has remained in the house continually, either has or has not an equity interest in the property, and has given care so that the person was kept from entering the nursing facility during the year;

   c. the asset in the estate totals $5,000 or less and there is no prepaid burial contract or other money set aside for burial;

   d. the estate is of modest value as defined by the Secretary.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Mississippi

5. The following standards and procedures are used by the State Division of Medicaid for waiving estate recoveries when recovery would cause an undue hardship, and when recovery is not cost-effective:

The State Division of Medicaid receives notification of death from the Medicaid Regional Offices and the MMIS. Research is completed through use of the eligibility case file documentation and pertinent legal documents, tax receipts, etc. If there is evidence of undue hardship as defined in state/federal guidelines, no pursuit is affected. While the state will attempt to recover all amounts that are not waived for undue hardship, recovery is not deemed cost effective if the amount to be recovered is less than $2,000 or the value of the estate is less than 25 percent of the recovery amount if attempted recovery will require protracted litigation. The findings and conclusions are documented in physical and computer files.

6. The State Division of Medicaid defines cost-effective as follows:

While the State Division of Medicaid will attempt to recover all amounts that are not waived for undue hardship, recovery is not deemed cost effective if the amount to be recovered is less than $2,000 and protracted litigation is required to recover, or the value of the estate is less than 25 percent of the recovery amount making Medicaid's potential recovery less than 25 percent of the recovery amount and protracted litigation will be required to recover. These thresholds are based on the legal time and expense involved in pursuing recoveries through the courts.

7. The State Division of Medicaid uses the following collection procedures:

If an estate exists, within 30 days of death date, a letter is mailed to survivor indicating the basic law, value of estate, Medicaid's recovery amount, dates of service, and explanation of fair hearing. The letter can be used by the survivor as a formal request to the Division of Medicaid for a fair hearing or to write an undue hardship explanation. If no response is received from the survivor within 15 days of the date of the notice, the case is referred to the Legal Unit which files in the proper court as a creditor of the estate or notifies the survivor in writing of Medicaid's recovery amount. If a request for a fair hearing is timely received, the hearing date is set within 10 days of receipt of request. The survivor is notified of hearing date at least 10 days prior to the date. The time for hearing may be extended if survivor has good cause; i.e., illness, failure to receive notice timely, being out of the state, or any other reasonable explanation. If good cause for filing a timely request is shown, a hearing request will be accepted. After the hearing occurs, the hearing officer forwards a transcript with recommended action to the Executive Director for a final decision. The Executive Director renders a decision which is sent to the survivor in writing. The survivor is entitled to seek judicial review in the court of proper jurisdiction. The Division of Medicaid must take final administrative action on a hearing within 90 days from the date of the hearing request. Hearing procedures have been promulgated and are available to the survivor upon request for a hearing.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type Charge Deduct.	Coins.	Copay.	Amount and Basis for Determination
Hospital Inpatient Days			x	$5.00 per day
Hospital Outpatient Visits			x	$2.00 Hospital Outpatient Visit
Physician Office Visit			x	$1.00 per visit
Emergency Room Visits			x	$2.00 per visit
Dental Visits			x	$2.00 per visit
Home Health Visits			x	$2.00 per visit
Prescription Drugs			x	$1.00 per Rx, including refills
Eyeglasses			x	$2.00 per pair
Clinic Visits			x	$2.00 per visit
Ambulance Trips			x	$2.00 per trip

When the average or typical State payments for the above services are taken into consideration, all copayments are computed at a level to maximize the effectiveness without causing undue harship on the recipients, assuring that they do not exceed the maximum permitted under 42 CFR 447.54.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

B. The method used to collect cost sharing charges for categorically needy individuals:

/X/ Providers are responsible for collecting the cost sharing charges from individuals.

/ / The agency reimburses providers the full Medicaid rate for a services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Policy concerning copayments is specified in each Provider manual, providing details on exactly what copayments are to be made by recipients, the amounts, etc. Also, the exceptions to copayments for children under 18 years of age, pregnant women, nursing home patients, family planning services, etc., are specified in the Manuals. The provider advises the recipient of his responsibility and the amount of the copayment at the time service is provided and collects the payment from the recipient unless the recipient states that he is unable to pay and the provider has no knowledge or indications to the contrary.

No provider participating under this State Plan may deny care or services to an individual eligible for such care or services under the Plan due to the individual's inability to pay a copayment charge.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Providers have been advised through bulletins and Provider Manuals of the services subject to copayments and the exclusions, such as to children under 18, to pregnant women, to patients in nursing homes, emergency services, family planning services, etc., and of the method for filing such claims. Refer to Item C. above for details.

Enforcement procedures for cost sharing exclusions consist of edits in the claims processing system which identify services subject to cost sharing and processing as though the cost share had been collected and notifying the provider to collect. Also, the edits identify any cost share collected in error, process the claim correctly and notify the provider to refund the cost share to the recipient.

E. Cumulative maximums on charges:

/X/ State policy does not provide for cumulative maximums.

/ / Cumulative maximums have been established as described below: